PROB 46 (Rev. 06/10)	M	ONT	HLY TE	REAT	MENT	REPORT					d and submitted ional sheets may	
I. PROGRAM N. First Light		cholo	gical Sv	cs.		ovider name; erie Gelo		2. DATE OF	CURRI 04/01	ent tx p 1/2021	lan (attach f - 06/30/2021	EVISIONS):
3. CLENT NAM CORWIN,		id			3a. PA 7353	cts no. 3401	36. OFFICER Mallori B	rady			PERIOD COVER 2021	ung:
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	L	J	10. CO	MME	TS RE	GARDING CL	ENT'S TRE	ATMENT	PROC	GRESS		
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Chent part	icipai	ea in	a monun	ly med	ication	monitoring app	John Millent W	in the psyc	maur	21		
c. Describe am	obsta	cles o	setbacks t	he clien	t encoun	tered this month:	\					<u> </u>
none												
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					ssist/sup	port the client in t	eatment over th	e next month):			
Encourage	mea	icatio	n compil	ance								
e. If continued	trestm	emt is	recommenc	ded disc	nes the	olan for next mont	√⊠ Recomme	nded 🗆 N	ot Reco	ommende	di:	
Client will	conti	nue y	with mon	thly m	edicati	on monitoring a	ppointments	with the p	sychi	atrist to	determine if	dosage
	Client will continue with monthly medication monitoring appointments with the psychiatrist to determine if dosage needs to be corrected or medications changed											
	f. Discuss your observations of the client's behavior and commitment to treatment 🔀 Positive 🖳 Negative):											
Client repo	Client reports medication compliance											
n Comments:	Clion	t Doi	4 \$0 00 E	Con True	no 202	1. Owes \$0.00	· · · · · · · · · · · · · · · · · · ·				·	
	vistaril 25 mg, modafimil 100mg,											
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SIGNATURE OF Valerie (Overall Progress: Acceptable Unacceptable SNATURE OF COUNSELOR Valerie Gelo, LMHC DATE June 30, 2021											

MITCHELL BANKS, M.D.
Board Certified Diplomat

555 Broadhollow Road - Suite 107 Melville, New York 11747

> PHONE: (631) 414-7272 FAX: (631) 414-7274

Date of Evaluation: June 14, 2021

Client: David Corwin

639 Main Street

Greenport, New York 11944

(934) 222-1392 DOB: 04/13/48

Presenting Problem:

Patient is a 73-year-old single male who recently started individual mental health treatment sessions at First Light Psychological Services. He was arrested in March 2021 and charged with possessing child pornography. Patient stated he recently weaned off Valium that has been prescribed for him since approximately 1985. He was unable to state the dosage of the medication or provide the physician who was prescribing the medication. The valium was used to increase his energy and decrease social anxiety. His only complaint is anxiety when having to be in places with other people.

Past Psychiatric History:

Patient stated that since young childhood he suffers from anxiety and is uncomfortable in social situations and crowded areas. The Valium helped to minimize symptoms and he would take the drug prior to leaving his residence. Patient reported a history of depression in the 1980's that was triggered by a breakup of a relationship. He did experience suicidal ideations at that time but with no plan.

Family Psychiatric History:

Patient denied.

Social History:

Patient was raised by both parents in Greenpoint. His father abused alcohol and was emotionally and physically abusive toward the patient and his mother. Both parents are deceased. There is one younger brother who lives in Alaska but there is no substantial relationship between the patient and is brother.

In 1976, patient earned a bachelor's degree in civil engineering. Patient started working while in college and mentioned that he had to attend college "off and on" because he had to save money to continue his studies. He started working in the civil engineering area since 1976. He was forced to stop working in August 1993 due to medical issues.

Patient stated he had friendships while growing up. His only source of social interactions for the past decade has been through support groups for his medical condition.

Patient has never been married. His longest romantic relationship was three years.

Medical History:

Patient stated he was diagnosed with Chronic Fatigue Syndrom in 1983, but he can carry out activities of daily living and other tasks. Symptoms of fatigue are intermittent and not severe. Patient stated that since his diagnosis he suffers from tremors. They were noted as present and mild in severity.

Substance Abuse History:

Patient reports using marijuana daily for the past thirty years. He denied other illicit drug use or problems with alcohol.

Mental Status Exam:

Appearance: Casually dressed, hygiene appropriate, eye contact appropriate.

Speech: Coherent, quiet

Cognitive Function: On task and within normal limits.

Mood: Neutral

Active complaints: social anxiety

No active hallucinations
No active suicidal ideation

Impression:

Axis I: Generalized Anxiety Disorder

R/O Dysthymic Disorder

Axis II: R/O Schizoid Personality Disorder

Axis III: Chronic Fatigue Syndrome, R/O Parkison's Disease

Axis IV: 1-2 Axis V: 50/50

Patient claims to have Chronic Fatigue Syndrome. Tremors are present and it is recommended that he go for a full neurological work up to rule out Parkinson's or other neurological disease. Patient appears to be guarded with providing a more accurate history.

Plan: Prescribe Vistaril 25 mg every six hours for anxiety. Modafinil 100mg daily to increase energy. Follow up in one month. Call in-between appointments if any problems with medication

Mitchell Banks M.D.

1a. PROVIDER NAME: 1a. PROVIDER NAME: 2. DATE OF CURRENT TX PLAN (ATT Valerie Gelo 07/01/2021 - 09/30) 3c. Client Name: 3a. Pacts No. 3b. Officer 4. For period of July 2021 5c. PHASE NO. 5a. TIME IN PHASE: 6. FRETRIAL CLIENT: 7. CLIENT EMPLOYED: CONTRACTS SINCE LAST REPORT a. Date b. Service (Name & No.) c. Length of Contact d. Comments (No Shows, Tardiness, Issues Addressed)	mitted with cts may be used.											
CORWIN, David 7353401 Mallori Brady July 2021 5. PHASE NO. 5b. TIME IN PHASE: 6. FRETRIAL CLIENT: 7. CLIENT EMPLOYED: CONTRACTS SINCE LAST REPORT 8. CONTACTS SINCE LAST REPORT	ACH REVISIONS): /2021											
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8. CONTACTS SINCE LAST REPORT												
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COLLECTED Yes No lnsuf. Qtv. Stall No Yes (specify drug) BY REQUESTED (Positive: Negative) (a) (b) (c)												
10. COMMENTS REGARDING CLIENT'S TREATMENT PROGRESS												
a. Describe the treatment goals addressed this month (X Met 🖳 Not Met):												
Client will continue to explore effective ways to cope with stress and anxiety surrounding his legal case	. Client will											
attend necessary medical appointments, including a psychiatric evaluation.												
b. Describe any steps taken by the client this month toward these goals (X Positive Negative): Client attended his psychiatric evaluation. Client maintained attendance and openly discusses the present	nce of both											
mental health symptoms and physical health symptoms.	ice of both											
c. Describe any obstacles or setbacks the client encountered this month:												
Client was prescribed psychiatric medication by his new psychiatrist but did not follow the instructions	and abruptly											
ceased use. Client prefers to make decisions based on independent research.												
d. Describe one unique way the PO/PSO can assist/support the client in treatment over the next month:												
PO can validate client's effort in treatment. PO can encourage medication compliance and communicati	on surrounding											
such.	***											
e. If continued treatment is recommended, discuss the plan for next month (X Recommended												
Client will continue to explore effective ways to reduce the frequency, intensity, and duration of physic	al and mental											
health symptoms.	 											
f. Discuss your observations of the client's behavior and commitment to treatment (Positive Negative):	0.5											
Client is compliant during sessions, but continues to view pretrial services and mental health treatment disruptive than helpful to his daily lifestyle and functioning.	as more											
g. Comments: Client Paid \$0.00 For July 2021; Owes \$0.00	* ***											
Client is prescribed: Gabapentin 300mg 2x/daily, Hydroxyzine 25mg every 6 hours, Modafinil 100mg	lx/daily											
h. Overall Progress: X Acceptable Unacceptable												
SIGNATURE OF COUNSELOR Valerie Gelo, LMHC DATE July 31, 2021												

PROB 46 (Rev. 06/10)	M	ONT	THLY T	REATN	IENT	REPORT					ed and submitted tional sheets may	
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h Describe an	v stěne	token	by the clie	ot this mo	nth tos	ward these goals (2	Positive 🗆 1	Nega	tive):			
Client atte	nded	neces	sary med	ical app	ointn	ents. Client ver	balized nega	ative	thoughts an	d feelir	igs surroundin	g his
potential s	enten	ce for	the insta	nt offer	se.							
c. Describe an	y obsta	cles o	r setbacks ti	he client o	ncoun	tered this month:						
Client has	not b	een n	nedicațio	ı compl	ant d	ue to perceived	side effects,	des	pite the lack	of dail	y, consistant u	se.
									 			
d. Describe on	e uniq	ne may	the PO/PS	O can ass	ist/sup	port the client in tr	eatment over th	ne ne	at month:		- P - 13	·V
PO can en	coura	ge m	edication	compli	ince.	PO can encoura	ige client to	expi	ore alternativ	ve metr	logs of address	sing
						redicting the ou					4:	
e. If continued	treatm	ient is	recommend	led, discu	ss the	plan for next mont	(X Recomme	nded	Not Reco	mniende	xi):	
Identify, c	haller	ige, a	ind replac	e biasec	i, tear	ful self-talk wit	n reality-bas	sea,	positive seif-	·taik.		
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		-			ust 2	021; Owes \$0.0	00					
Client is p	rescri	bed:	Gabapen	in 300n	1g 2x/	daily, Hydroxy	zine 25mg e	very	y 6 hours, Mo	odafinil	100mg lx/da	ily
h. Overall Pro	gress:	ĽΛ	cceptable	1 Unac	ceptab	le						
SIGNATURE OF	COUR	ISELO	R						DATE August 31	2021		
Valerie (zeio,		ПŲ						Tugust 11	, 2021		

PROB 46 (Rev. 06/10)	M	ONT	THLY TE	REATM	ENT	REPORT	,				d and submitted ional sheets may	
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c. Describe an	v obsta	cles or	r sethucks ti	he client	ncom	tered this month:						
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f. Discuss you	obser	vation	s of the clic	nt's beha	vior ar	d commitment to t	reatment 🔯 Po	ositivo	c 🗆 Negative);		
The cleint	The cleint is now adjusting to a new therapist. His first session was on 9/11/2021.											
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The client	g. Comments: Client Paid \$0.00 For September 2021; Owes \$0.00 The client is not compliant w/ medications - complains that medications causes blurr vision.											
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h. Overall Pro			cceptable	🖳 Unac	ceptab	le						
SIGNATURE OF John Ma	COUN	SELO	R						date September	30, 20	21	

PROB 46 (Rev. 06/10)	M	IONT	THLY TI	REATM	IENT	REPORT		This form must be each monthly billi			
I. PROGRAM N First Light		cholo	ogical Sv	/cs.		OVIDER NAME: n Marino		2. DATE OF CURR 10/0		PLAN (ATTACH) - 12/31/202	
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b. Describe an	y steps	taken	by the clie	nt this m	onth to	ward these goals (2	É Positive 💷 1	Negative):			
				ons with	nout p	rompt and is w	illing to exar	Negative): nind thought pat	terns th	at contribute	to
presenting						·					
	y obsta	cles o	r setbacks t	he client	encoun	tered this month:		······································		··-	
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d. Describe on	e unia	ie way	the PO/PS	O can as	sist/sun	port the client in tr	eatment over th	e next month:			
						all sessions as				-	
e. If continued	freatm	ent is	recommen	ded, discu	ss the	plan for next mont	h (🛭 Recomme	nded 🔲 Not Rec	ommende	ed):	
The client	will c	liscus	ss the con	nection	betw	een tthought pa	tterns and the	e offence.			
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								sitive 🖺 Negative	c k	· · ·	···
The chent	needs	S IU C	onun ue a	iscussin	g con	tributing factor	s to mis offen	ice.			
g. Comments:	Clien	t Pai	d \$0.00 F	or Oct	ober :	2021; Owes \$0.	.00				
Client is co											
										 	
h. Overall Pro				🖸 Unac	ceptab	le		Tra com			<u>.</u>
SIGNATURE OF John Ma	coun rino	SELOI LM	R HC, CA	SAC				October 3	1, 202	Į.	

Case 2:21-cr-00218-JS Document 33-9 Filed 11/01/22 Page 8 of 18 PageID #: 279

PROB 46 (Rev. 06/10)	M	ONT	HLY TI	REATM	IENT	REPORT					ed and submitted tional sheets may	
1. PROGRAM N First Light		cholo	gical Sv	cs.		ovider NAME: n Marino		2. 1	DATE OF CURR 10/01	ENT TX P 1/2021	LAN (ATTACHR - 12/31/2021	EVISIONS):
3. CLEINT NAM CORWIN,	Dav				3a, PA 7353	CTS NO. 3401	36. OFFICER Mallori B	rad	dy		PRRIOD COVER ember 2021	uno:
5. PHASE NO.	Sa. T	IME D	V PILASE:	6. PRET			7. CLIENT EN		_	.,	CONTRACT:	
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a. Date	b. S		(Name & No	2.)	c. L	ngth of Contact	d. Comme	sits ()	No Shows, Tardin	ess issues	Addressed)	e. Copay (amount collected)
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9. URINE TESTING RECORD												
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	<u> </u>	<u> </u>	10. CO	MMENT	I RE	GARDING CL	ENT'S TRE	AT	MENT PROC	RESS	 u	<u> </u>
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None.												
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	.					port the client in tr all sessions as		ie ne	ext month:			
POBIACY	can e	icoui	age the c	nent to	auene	i all sessions as	schedifed.					
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The client	lacks	natui	ral suppor	rts and r	<u>ieeds</u>	to develop copi	ng mechanis	<u>sms</u>	to address de	structiv	e thought pat	terns.
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The client												
h. Overall Prop SIGNATURE OF			cceptable	🖸 Unic	ceptab	le			DATE			
John Ma	coun rino,	LM	HC, CA	SAC					November	30, 20	21	

DISTRIBUTION: ORIGINAL.

CONTRACTOR

Case 2:21-cr-00218-JS Document 33-9 Filed 11/01/22 Page 9 of 18 PageID #: 280

PROB 46 (Rev. 06/10)	M	ONT	THLY TI	REATN	AENT	REPORT		This form must b each monthly bill				
1. PROGRAM N First Light		cholo	gical Sv	vcs.		ovider name: n Marino		2. DATE OF CUR 10/0	RENT TX I 11/2021	PLAN (ATTACH I - 12/31/202	revisions): 1	
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5. PHASE NO.	Su. T	IME D	v Phlase:	6. FREI			7. CLIENT EX		¥ ou	CONTRACT:		
	<u> </u>		——	AYes		ONTACTS SIN	U Yes D		A Other	0207-2022	-021B	
a, Date	1. 6		(Name & N	2)		ength of Contact		nts (No Shows, Tard	irase Isona	· Aridraccod)	e, Copay (amount collected)	
12/04/21	0)13	"	·	X60	G. C.OHIJIZ	223 (240 511083, 1224		: Accurcascu)	\$0.00	
12/11/21	_)13			X60				,	\$0.00	
12/18/21		70)13			X60					\$0.00	
12/26/21		70)13			X60					\$0.00	
							 					
							1					
									· · · · · · · · · · · · · · · · · · ·			
				-+			1					
					<u> </u>	. URINE TEST	ING RECO	RD				
DATE:	Sche	duled	Samule S	Vot Testeci	7	rug Use Admitted			133	er bucin te	Conav	
COLLECTED	Yes	,	<u> </u>	.,	4		COLLECTED	SPECIAL TESTS REQUESTED	(Pos	ST RESULTS itive:Negative)	Copay (antotto) collected)	
	1.63	No Insuf. Qrv. Stall No Yes (specify drug) BY REQUESTED (Positive/Negative)										
*********		-	 	┼					-		 	
	<u> </u>		10 CO	MMEN	TS RE	GARDING CL	IENT'S TRE	ATMENT PRO	GRESS		<u></u>	
a Describe the	treatn	ent ac				& Met □ Not Met		THE PARTY OF THE P	OREDOD			
						nes contributes		f anxiety.				
						ward these goals (2						
The client	is rec	eptive	e to feed	oack and	d is w	illing to discuss	presenting	concenrs withou	it propt.			
c. Describe are	obsta	cles or	r setbacks t	he client	encoun	tered this month:	 	······				
None			30112032							· · · · · · · · · · · · · · · · · · ·	,,	
						port the client in tr						
PO Manga	naro	can e	ncourage	the cle	int to	attend all sessio	ns as schedu	iled.				
a l'Egoptiqued	braaten	ant is	Todamman.	dad disa	wa sha i	plan for next month	(© Dagomma	ndud [] Not Per	nammanda	wite		
						d irrational fear			, OHUILIAN	ui.		
						d commitment to t						
The cleint	conti	nues i	to project	t into th	<u>e futu</u>	<u>re and rummina</u>	<u>ite about situ</u>	ations that he c	annot co	ntrol		
- Commentes	<u> </u>		3 60 00 T	D		- 2021 - 0 6	20.00					
The client						r 2021; Owes \$	0.00			, 		
	10 00.			-	<u></u>							
h. Overall Pro	uress:	ĽΑ	cceptable	🖳 Unac	:ceptab	io						
SIGNATURE OP John Ma	coun rino.	SELOI	R HC, CA	SAC				DATE Decembe	r 31. 20	21		

PROB 46 (Rev. 68/10)	M	IONT	THLY T	REAT	MENT	report		This form must be each monthly billi			
i PROGRAM N. First Light		chok	ogical S	vcs.		rovider name: in Marino		2. DATE OF CURR 01/0	ENT TX F 1/2022	PLAN (ATTACHI - 03/31/2022	REVISIONS): 2
CORWIN,		id				ACTS NO 3401	36. OFFICER Mallori B	rady		R PERIOD COVE uary 2022	RING:
5. PILASE NO.	_		N PILASE.		ETRIAL C	CLIENT:	7. CLIENT EN		1	CONTRACT.	
	<u> </u>			X Yes			<u> </u>		X Other	0207-2022	2-021B
<u> </u>					8. C	ONTACTS SING	CE LAST RE	EPORT			***
a. Date	b. :	Service	(Name & No	ا د.ه.	c.L	ength of Contact	ċ, Comme	ents (No Shows, Tardii	rese Issue	s Addressed)	e, Coray (amount collected)
01/01/22			013	\Box		X0	Therapist C	anceled			\$0.00
01/08/22			013			X60					\$0.00
01/15/22			013 013			X60 X0	Therapist C				\$0.00 \$0.00
01/22/22			013			X60	Hiciapier	anceieu			\$0.00
	-										
 							<u> </u>				
 						, , , , , , , , , , , , , , , , , , , 					
							<u> </u>				
			·			9. URINE TEST	ING RECO	RD			
DATE COLLECTED	Sche	:caled	Sample N	Not Tester	a D	Inig Use Annutted	соцество	SPECIAL TESTS	ŢE:	ST RESULTS	Copay (anyant collected)
COLLECTE	Scheduled Sample Not Tested Drug Use Admitted COLLECTED SPECIAL TESTS REQUESTED Yes No Insuf. Qtv. Stall No Yes (specify drug) TEST RESULTS (Positive Negative)										enliected)
	<u></u>		<u> </u>								
ļ	 	 	├ ──	 			ļ·		 		
	 	 	 	+	-	 	 		 		
			10. CO	MME	STS RI	EGARDING CL	IENT'S TRE	ATMENT PROC	GRESS		<u></u>
a. Describe the	गट्यम	nent ge				X Met Not Met				······································	
						duce projection		ire			
b. Describe any	r steps	taken	by the clic	nt this n	nonth to	ward these goals (2	(Positive 🖳)	Negative):			
The client	partic	ipate	s in sessi	on with	hout pr	ompt and is wil	ling to discu	iss presenting co	ncenrs.		
n Describe an	- obeta	مر عداد	- maskunder t	ha olien	*	ntered this month:		-			, -,, -, -, -, -, - ,
None.	UIDIA	EIES OF	Settates a	ne chem	CHEBUIA	terea this month.					
1.0										-	
d. Describe on	e uniqu	is way	the PO PS	O can a	ssist sup	port the client in tre	eatment over th	ie next month:			
PO Manga	naro	can e	ncourage	the clo	eint to !	attend all session	ns as schedu	led.			
											
								nded 💆 Not Reco			
contributed				nection	n of me	rease stress and	the activation	on of maladative	though	t patterns tha	<u>.t</u>
				ent's bel		ad commitment to b	tment /X. Po	sitive 🗀 Negative			
								connected to PT		eteriorating h	ealth
concents.						was mining to pro-	W. 50. 50.		<u> </u>		
g. Comments: (Clien	t Paic	d S0.00 F	or Jar	nuary !	2022; Owes \$0.	.00				
Client is co	mpli	ant w	ith treatm	nent.				,			
		37 .								 -	
h. Overall Prog SIGNATURE OF		<u> </u>	eceptable	Unki	icceptabl	ie	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	IDATE		·	
John Mar	rino,	LM	HC, CA	SAC		•		January 3	1, 2022	!	

PROB 46 (Rev. 06/10)	M	IONT	THLY T	REAT	MENT	REPORT		This form must be cach monthly billing			
I. PROGRAM N First Light		chok	ogical S	ves.		rovider NAME; n Marino		2. DATE OF CURR 01/0		PLAN (ATTACH) - 03/31/202	
3. CLIENT NAM CORWIN,		id			,	ACTS NO. 3401	36. OFFICER Mallori B	rady		R PERIOD COVE ruary 2022	RING:
5. PHASE NO.			N PILASE:		ETRIAL C		7. CLIENT BA	IPLOYED:	. I	CONTRACT:	
	<u> </u>			X Yes	s <u>!</u> N		🗓 Yes 🗓 N		X Other	0207-2022	2-021B
					8. C	ONTACTS SING	CE LAST RE	EPORT			
a. Date	b. 5	iervice	(Name & N	0.)	c. L	ength of Contact	d. Comme	ents (No Shows, Tardin	ness, Issue:	s Addressed)	e. Copay (amount collected)
02/05/22			013			X60					\$0.00
02/12/22			013			X60	<u> </u>				\$0.00
02/19/22 02/26/22			013	+		X60	 				\$0.00
02/20/22			013	-+		X60	 				\$0.00
				$\overline{}$			 				
											
 							 				
			<u></u>	L		. URINE TEST	TNG RECOL				<u> </u>
55 A 1984	C.L.	-inlai	Samula							· ····································	T
DATE COLLECTED Scheduled Sample Not Tested Drug Use Admitted COLLECTED SPECIAL TESTS TEST RESULTS (In Collect Property of Coll											
	Yes No Insuf. Qny. Stall No Yes (specify drug)										Contract,
	 	 	 	 	+	 	 	 	 	 -	
				<u> </u>					<u> </u>		
					工						
								ATMENT PROC	<u> Gress</u>		
						& Met ☐ Not Met					
The client	discu:	ssed t	the impor	rtance o	of avoi	ding projection	in to the futt	ure and the impo	rtance c	of identifying	distorted
sexual viev								· · · · · · · · · · · · · · · · · · ·		 	
h. Describe any	steps	taken	by the clie	nt this m	nonth tov	ward these goals (2) compt and is rece	Positive 1	Negative):			
The Chenc	partic	тракс.	Z III 2C221	OII WILL	nout br	ompt and is reco	eptive to reci	dback.			
c. Describe am	obsta	പ്പും വ	- cirthacles t	he client		tered this month:	 				
None.	W1/12		Detterm -	III Caron	- Circum	icien mis litterior					
						<u> </u>		-			
						port the client in tre					
						make all appoin					
										,	
e. If continued	treatm	ent is 1	recommen	<u>ded, disc</u>	ARS the J	plan for next month	(Recomme	nded 🔲 Not Reco)mmende	<u>d):</u>	
The client	<u>will ic</u>	dentif	<u>fy thinkir</u>	ıg mod	lels tha	t contributed to	instant offen	ice.			
2 2.						-					
								sitive 💆 Negative	<u>:):</u>		
I he cleint	s rece	eptive	e to discu	issing i	he issu	ies that contribu	ted to the or	fence.			
v. Comments: (~lien(Dair	ን ይህ ባህ E	- Fol		2022; Owes \$0	2 00				
The cleint i	is con	nolia	nt with tr	eatmer	<u>)ruai y</u> 1t.	ZUZZ; UNES JU	1.00				
,											
h. Overall Prog	ress:	XA	cceptable	<u>∷</u> Una	cceptabl	le	- .				
SIGNATURE OF	COUNS	SELOR	R					DATE	20 202	•	
John Mar	ZHU,	TriAT1	HU, UA	SAC				February 2	28, ZUZ	.Z	

PROB 46 (Rev. 06/10)	N	IONI	THLY TI	REATM	IENT	REPORT		This form must be each monthly billing			
I. PROGRAM N First Light		cholo	ogical Sv	cs.		OVIDER NAME: n Marino	·	2. DATE OF CURR 01/0		LAN (ATTACH I - 03/31/2022	
3. CLIENT NAM CORWIN,		id			3a: PA 7353	CTS NO 3401	36, OFFICER Mallori B	rady		PERIOD COVEI ch 2022	RING:
5. PILASE NO.	5u. 7	IME D	v Pilase:	6. PRET	RIAL C	LIENT:	7. CLIENT EX	PLOYED:	<u> </u>	CONTRACT:	
				XYes	<u>:</u> N	0	1 Yes 11	No <u>L</u> Student	X Other	0207-2022	-021B
					8. C	ONTACTS SIN	CE LAST RE	EPORT			
a. Date	b. :	Service	(Namo & No	o.)	c. L	ngth of Contact	d. Comme	nts (No Shows, Tardin	ess, lasue:	Addressed)	e, Copay (amount collected)
03/05/22			013			X60					\$0.00
03/12/22)13			X60					\$0.00
03/19/22			013			X60				·····	\$0.00
03/26/22		- 70	013			X60					\$0.00
	_								,		
		·				. URINE TEST	ING RECO	RD			
	6.3		S1N			rug Use Admitted			1		
COLLECTED	Yes	eduled No	Sample N Insuf. Qtv.	Stall	No	COLLECTED	SPECIAL TESTS REQUESTED	TES (Pos	T RESULTS (ive/Negative)	Copay (amount collected)	
						Yes (specify drug)		,	ì		
	<u> </u>										
	<u> </u>	<u> </u>	10.00			<u> </u>			<u></u>	··-	<u>[</u>
								ATMENT PROC	RESS		
						Met D Not Me					
I ne client	Will	liscus	s the imp	ortance	ot av	olding projection	on into the fu	ture and the imp	ortance	of avoinding	
minimizat				-			<u> </u>	 			
b. Describe an	y steps	taken	by the clien	nt this mo	nth to	vard these goals (2 Illing to discuss	Positive 🖳	Negative):			
The chefic	15 100	cptiv	e to leedt	Jack and	1 12 W	ining to discuss	oresenting r	38ucs, 1			
c Describe an	v Abets	olac o	از جماده دانده د	م وحدثات عط	MA AMORA	tered this month:		· · · · · · · · · · · · · · · · · · ·			·····
None.	y 01/3tz		seumens u	ic chem t		cred dus mann.					
11000.						 					
d. Describe on	e unia	ız wav	the POPS	O can ass	ist/sun	port the client in tr	eatment over th	e next month:			
						ttend all sessio					
			<u> </u>								
e. If continued	treatm	ent is	recommend	led discu	ss the r	olan for next month	Ø Recomme	nded 🛄 Not Reco	anmende	di•	
						en cognittion,			ПЩСТ		
f. Discuss you	obser	vations	s of the clie	nt's beha	vior an	d commitment to t	restment (X) Po	sitive 🖳 Negative	:):		
								expresses concer		his ability to	endure
inprisonme											
g. Comments:	Clien	t Paic	d \$0.00 F	or Mar	ch 20	22; Owes \$0.0	0				
The client											
h. Overali Proj		ĽΑ	cceptable	🖺 Unace	eptabl	e					
signature of John Ma	coun rino,	SELON LM	HC, CA	SAC				March 31,	2022		

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PROB 46 (Rev. 96 10)	M	ONT	HLY TI	REATN	IENT	REPORT		This form must be each monthly billi	•			
1 PROGRAM N First Light		holo	gical Sv	·cs.		OVIDER NAME: n Marino		2. DATE OF CURR 04/0	ENT TX I 1/2022	PLAN (ATTACII) - 06/30/202	REVISIONS): 2	
CORWIN,		d ·	- i - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 	***************************************		1CTS NO 3401	36 OFFICER Mallori B	rady		R PERIOD COVE il 2022	RING:	
5 PHASE NO.	Sa. TU	ME IN	R PHASE.	6 PRET			7. CLIENT EN	IPLOYED So _ Student	X Other	CONTRACT: 0207-2022	2-021B	
				-	8. C	ONTACTS SIN	CE LAST RE	PORT				
a. Date	b. Sc	rvice	(Name & No	3.)	c. 1.	ength of Contact	d. Comme	zts (No Shows, Tardi	iess, Issue	i Addressed)	e, Copay (amount collected)	
04/02/22)13			X0	Therapist C	lanceled			\$0.00	
04/09/22)13			X60		<u>-</u>			\$0.00	
04/16/22)13			X60					\$0.00	
04/23/22)13			X60					\$0.00	
04/30/22		70)13			X60					\$0.00	
). URINE TEST	ING PECOS	On .				
	Τ.				T		ING RECO	N17			 	
DATE COLLECTED Scheduled Sample Not Tested. Drug Use Admitted COLLECTED SPECIAL TESTS Yes No linsut. Qrv. Stall No Yes (specify drug) COLLECTED BY SPECIAL TESTS REQUESTED (Fostive-Negative)												
Yes No Ir.sut. Qiy. Stall No Yes (specify drug)												
<u> </u>					1			· · · · · · · · · · · · · · · · · · ·		·····		
				1					1			
									Ì			
			10. CO	MMEN	<u>rs rf</u>	GARDING CL	IENT'S TRE	ATMENT PROC	GRESS			
a. Describe the	treatme	ent go	als address	ed this m	onth (X Met 🔑 Not Met	t):	-			_	
						oiding minimiza		onalization.				
						-						
b. Describe any	steps t	aken	by the clie	nt this mo	onth to	ward these goals ($\underline{\lambda}$	Positive 💆 ?	vegative):				
The client	is rece	ptive	to feedl	oack and	l is w	illing to discuss	presenting o	cncenrs.		**************************************		
c. Describe any	obstac	les or	setbacks ti	he client	encoun	tered this month:						
None.						· · · · · · · · · · · · · · · · · · ·						
d. Describe on	unique	way	the PO:PS	O can ass	sist/sup	port the client in th	eatment over th	e next month:	-			
						attend all sessio						
									-		· · · · · · · · · · · · · · · · · · ·	
e. If continued	treatme	nt is r	recommend	led discu	es the i	olan for next month	€ Recomme	nded 🚊 Not Reco	ommende	di:		
						at contributed to			- IIIIIII	****		
		,,,,,,,,	D COZIII	10 parce		at contributed to	o the tritonice	·				
f. Discuss your	observa	ations	of the clie	nt's beha	vior an	d commitment to t	reatment 🔀 Po	sitive 🖳 Negative	:):		 	
The cleint	contin	ues t	o haye ve	ery little	supp	ort on the comr	nunity and c	ontinues to struc	gle acc	epting potent	ial	
imprisonm	ent.											
g. Comments: (Client	Paid	1 \$0.00 F	or Apr	il 202	2; Owes \$0.00						
The client	is com	pliar	ıt w/ trea	tment.								
h. Overall Prog	Jess:	XA	eceptable	Unac	ceptabl	le					. <u> </u>	
signature of John Mai	COUNS	ELOR	\		•			DATE April 30, 2	2022	•		

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PROB 46 (Rev. 06/10)	M	IONT	THLY TI	REAT	MENT	REPORT		This form must be cach morably billing	•			
1. PROGRAM N First Light		cholo	ogical Sv	/cs.		OVIDER NAME: n Marino		2. DATE OF CURR 04/0	ENT TX P 1/2022	LAN (ATTACH R - 06/30/2022	LEVISIONS): 2	
3. CLIENT NAM CORWIN,		id				ACTS NO. 3401	36. OFFICER Mallori B	<u> </u>		PERIOD COVER 2022	ung:	
5. PILASE NO.	5μ. T	ine d	n Pilase:		TRIAL C		7. CLIENT EN		X Other	CONTRACT: 0207-2022	-021B	
					8. C	ontacts sin	CE LAST RE	EPORT		····	 -	
a. Date	b. 9		(Name & No	0.)	c. Le	ength of Contact	<u> </u>	nts (No Shows, Tardir	ess, Issues	Addressed)	e, Corey (amount collected)	
05/07/22 05/14/22			013 013			X0 X60	Therapist C	Canceled		-	\$0.00 \$0.00	
05/21/22	· · · · · ·		013			X60 X60					\$0.00	
						 						
), URINE TEST	ING RECOI	RD I	r		<u> </u>	
COLLECTED	Sche Yes	duled No	Sample N Insuf. Qay.	ot Tested Stall	No No	nig Use Admitted Yes (specify drug)	COLLECTED	SPECIAL TESTS REQUESTED	TES (Fox	TRESIATS live/Negative)	Copay (amount collected)	
	Yes No Insuf. Qry. Stall No Yes (specify drug)											
	-	├—	ļ									
				İ								
			10. CO	MMEN	TS RE	GARDING CL	IENT'S TRE	ATMENT PROC	GRESS			
						X Met ☐ Not Me			·			
I ne chent	exam	ineg	the conne	ection t	berwee	n distortions of	reality and the	ne offence.		-		
						ward these goals (2	Positive 💷	Negative):				
The client	partic	ipate	d in sessi	on wit	nout p	rompt.						
- D		-1				4 1 Al * 41 -						
Nonw	ODSIZ	cies o	r setbacks u	ne chent	encoun	tered this month:						
						port the client in tr		e next month:				
PO Brady	can e	ncou	rage the c	lient to	attenc	all sessions as	scheduled.		· · · · · · · · · · · · · · · · · · ·			
e. If continued	treatm	ent is	recommend	led, disc	uss the r	olan for next month	(♥ Recomme	nded 🛚 Not Reco	mmende			
						l has on mental						
						· · · · · · · · · · · · · · · · · · ·						
						d commitment to to pting the consec		sitive 🖳 Negative	:) :			
The Clenic	Conti	ilues	to nave u	mean	y acce	oung the consec	luciices of in	is beliaviot.				
g. Comments:	Clien	t Paic	d \$0. 00 F	or Ma	y 2022	2; Owes \$0.00						
The client	is cor	nplia	nt w/ tx.									
h. Overall Prog	llone.	X A	cceptable	(; Has	ccantald	le				 -	,	
SIGNATURE OF	COUN	SELOI	R		p			DATE Mary 21 20	172			
John Ma	LIDO"	LIVL	пU, UA	SAC				May 31, 20	344			

DISTRIBUTION: ORIGINAL

CONTRACTOR

PROB 46 (Rev. 06/10)	M	IONT	THLY T	REAT	MENT	REPORT		This form must be each monthly billi	•				
1. PROGRAM N First Light		cholo	ogical Sv	ves.		ovider NAME: n Marino		2. DATE OF CURRENT TX PLAN (ATTACH REVISIONS): 04/01/2022 - 06/30/2022					
3. CLENT NAM CORWIN,		id			3a. PA 7353	CTS NO. 3401	4. FOR PERIOD COVERING: June 2022			RING:			
5. PHASE NO.	5u. T	IME D	n Pilase:	6. PRE	TRIAL C		7. CLIENT EMPLOYED: CONTRACT:				2-021B		
					8. C	ONTACTS SIN	CE LAST RE	PORT					
a. Date	b. Service (Name & No.)			c. Le	ength of Contact	d, Comme	e. Copay (amoun) collected)						
06/11/22 06/25/22			7013 7013			X60 X60				***************************************	\$0.00 \$0.00		
			1					· · · · · · · · · · · · · · · · · · ·					
	T	· · · · ·	 			. URINE TEST	ING RECOI	RD	1		T		
COLLECTED	Sche Yes	Scheduled Sample Not To Yes No Insuf. Qty. S		ot Tested Stall	Di	rug Use Admitted Yes (specify drug)	COLLECTED	SPECIAL TESTS REQUESTED	TEST RESULTS (Positive/Negative)		Copay (amount collected)		
	ļ	 		ļ	4—					·			
	 -			┼──	+						+		
	 	!	10. CO	MMEN	TS RE	GARDING CL	LENT'S TRE	ATMENT PROC	GRESS				
a. Describe the	treatn	ient go	oals addres:	sed this r	nonth (Met □ Not Mc	:):				` `		
The client	comp	leted	a review	of the	rapeuti	ce goals in anti-	cipation of q	uaterly.					
·						 	<u> </u>						
						vard these goals (2 ributes to discu					 		
. The chem	13 100	Cptiv	e to recu	Dack all	ia cont	ributes to discu	3510115 WILLIO	uui prompt.	 				
c. Describe any	obsta	cles a	r setbacks t	he client	encoun	tered this month:			···				
None.					,, - 								
			_										
						port the client in tr d all sessions so		e next month:		 	· · · · · · · · · · · · · · · · · · ·		
FO. Diauy	Call	illou	nage me	CHEIR I	o alten	u ali sessiolis sc	ileduled.	 					
e. If continued	treatm	ent is	recommen	ded disc	use the r	olan for next month	. (♥ Recomme	nded 🔯 Not Reco	ommende	dì:			
								d the offence cy					
								sitive D Negative	<u>;);</u>				
The client	needs	to co	ontinue d	iscussii	ng thin	king errors that	contributed	to the offence.			·		
g. Comments:	Clien	t Pai	I 00 02 b	for Jur	ne 2021	2; Owes \$0.00							
The client						-1 01162 90100							
h. Overall Prop			cceptable	🔙 Una	cceptabl	le		In or		·			
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Case 2:21-cr-00218-JS Document 33-9 Filed 11/01/22 Page 16 of 18 PageID #: 287

PROB 46 (Rev. 96/10)		THLY T	REATI	MENI	T REPORT		This form must be each monthly billi				
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DATE	Sch	eduled	Sample N	or Tested	D	nış Use Admitted	COLLECTED	T	TEST RESULTS (Positive/Negative)		Сорау	
COLLECTED	Yes	No	lusaf, Qav.	Stall	No	Yes (specify drug)	COLLECTED				Coray (amshiat collected)	
												
												
***	*******		10. CO	MMEN)	US RU	GARDING CL	IENT'S TRE	ATMENT PROC	RESS			
						Met 🗓 Not Met			<u></u>			
The cleint	comp	leted	a review	of goal	s in a	iticiation of the	new quaterl	у.	·····			
b Describe an	r clane	takën	by the olim	nt finiu ene		vard these goals (2	Downson (1)	and the second s			innesnie priejing waken neutrone jeger ener ene	
The client	is rec	eptiv	e to feedb	ack and	uses	session as an o	utlet to stress).		politica est la constitució de la const	The second secon	
				and married with the same	unious die en							
	olsta	cles or	r sëfhacks ti	he client c	າເດນາ	tered this month:						
None.												
d. Describe on	e uniqu	ie way	the PO/PS	O can ass	ist/sup	port the client in to	eatment over ti	ement month!				
PO Brady	can e	ncoui	age the c	leint to	attenc	l all sessions as	scheduled.		-1-10-11-20-000			
				in to the second	-			2004		-		
								ided D Not Reco bjectify minors.	mmende	dr:		
THE CICIN	WILL	nscus	s me mib	ortance	or av	olding uniking	enois mai o	blectify littlots.		· · · · · · · · · · · · · · · · · · ·	***	
E Discuss you	obser	vation	s of the clic	nt's bebæ	vior an	d compaitment to n	reatment (X) Po	sitive 🖺 Negative	ł;			
The client	needs	to co	ontinue di	scussin	g the	cognitive factor	s that lead to	the instant offer	nce.			
***************************************	~··	. 70	10000			0000	NO OO	الاستامات شماك ماد من مناسب مسلول به دور و سوالها من يوسيس و يوسون سر		The state of the s		
The cleint	is cor	t Paid	a \$0.00 F	or Sept	embe	r 2022; Owes S	\$0.00				#	
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h, Overall Prog		ĽΛ	cceptable	Unice	eptabl	Ċ						
SIGNATURE OF COUNSELOR John Marino, LMHC, CASAC								September	30, 20	22		
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